

Signature: \\ \(\sigma\) & \(\sigma\)

Printed Name:

Capacity/Title:\_\_

RICHARD A. JOHNSON, CIH

SOLE PROPRIETOR (owner)

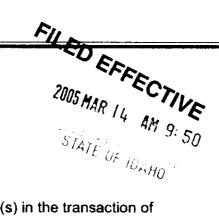
(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
RICHARD A. JOHNSON	2293 WEST WINDERMERE AVENUE
	COEUR D' ALENE,IDAHO 83815
The general type of business transacted und Retail Trade Transportation	der the assumed business name is: and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
J TECH INDUSTRIAL HYGIENE SERVICES	PO Box 83720
2293 WEST WINDERMERE AVENUE	Boise ID 83720-0080 208 334-2301
COEUR D' ALENE, IDAHO 83815	
5. Name and address for this acknowledgme	nt Phone number (optional):
COPY is (if other than # 4 above):	208-676-9965
	Secretary of State use only

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IDAHO SECRETARY OF STATE @3/14/2005 @5:00 CK: 6331 CT: 150010 RH: 796180 1 0 25.00 = 25.00 ASSUM NAME 2

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